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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155697 | | X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING | | X3) DATE SURVEY COMPLETED 03/08/2012 | |
| NAME OF PROVIDER OR SUPPLIER CLARK REHABILITATION AND SKILLED NURSING CENTER | | | | STREET ADDRESS, CITY, STATE, ZIP CODE 517 N LITTLE LEAGUE BLVD CLARKSVILLE, IN 47129 | | | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | | (X5) COMPLETION DATE | |
| K0000 | <p>A Life Safety Code Recertification and State Licensure Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a).</p> <p>Survey Date: 03/08/12</p> <p>Facility Number: 000059 Provider Number: 155697 AIM Number: 100266560</p> <p>Surveyor: Mark Bugni, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Clark Rehabilitation and Skilled Nursing Center was found not in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.70(a), Life Safety from Fire and the 2000 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 19, Existing Health Care Occupancies and 410 IAC 16.2.</p> <p>This one story facility was determined to be of Type V (000) construction and fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors, spaces open to the corridors, and single station smoke detection in the</p> | | K0000 | <p>The creation and submission of this plan of correction does not constitute an admission by this provider of any conclusion set forth in the statement of deficiencies, or of any violation of regulation.</p> <p>This provider respectfully requests that the 2567 plan of correction be considered the letter of credible allegation with compliance on or after April 6, 2012.</p> | | | |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/03/2012
FORM APPROVED
OMB NO. 0938-0391

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| | <p>12 resident rooms on the Front Hall and single station smoke detection in the 11 resident rooms on the 60 Hall. The 40 Hall and 20 Hall resident rooms did not have smoke detection. The facility has a capacity of 100 and had a census of 72 at the time of this visit.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 03/13/12.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p> | | | | | | |

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| K0062 SS=E | <p>NFPA 101 LIFE SAFETY CODE STANDARD Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5</p> <p>Based on observations and interview, the facility failed to ensure 14 of 91 rooms were provided with sprinkler heads free of paint. LSC 9.7.5 refers to NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. NFPA 25, 2-2.1.1 requires sprinklers to be free of corrosion, foreign materials, paint, and physical damage and shall be installed in the proper orientation (upright, pendent, or sidewall). Any sprinkler shall be replaced that is painted, corroded, damaged, loaded, or in the improper orientation. This deficient practice could affect 21 residents who reside on the 40 Hall and 24 residents who reside on the Front Hall.</p> <p>Findings include:</p> <p>Based on observations on 03/08/12 during a tour of the facility from 9:40 a.m. to 1:00 p.m. with the maintenance supervisor, resident room 43 bathroom sprinkler, the rehabilitation office sprinkler, the physical therapy room near the southeast corner of the room sprinkler, the laundry wash machine room sprinkler, resident room 47 sprinkler near the door, both sprinklers in resident room 48, both sprinklers in resident room 49, both sprinklers in resident room 50, both sprinklers in resident room 51, the sprinkler near the door in the</p> | | K0062 | <p>It is the practice o It is the practice of this provider to ensure the automatically sprinkler systems are continously maintained in reliable operating conditiona and are inspected and test periodically.</p> <p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice:</p> <ul style="list-style-type: none"> A licensed contractor assessed the sprinkler system on 3/9/12 , including all sprinkler heads in rooms 4, 7, 9, 47, 48, 49, 50 and 51, to verify sprinkler system was operating effectively. <p>How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken:</p> <ul style="list-style-type: none"> All residents have the potential to be affected. A licensed contractor assessed the sprinkler system on 3/9/12 to verify sprinkler system was operating effectively. | | 04/06/2012 | |

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| | <p>social service office, both sprinklers in resident room 4, both sprinklers in resident room 9, both sprinklers in resident room 7, and the sprinkler in the center nurses' station closet each had white paint covering the sprinklers. The white painted sprinklers were acknowledged by the maintenance supervisor at the time of observations.</p> <p>3.1-19(b)</p> | | | <p>What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur:</p> <ul style="list-style-type: none"> All sprinkler heads found to have paint will be replacement of all affected heads will be initiated by a licensed contractor on, or by, 4/6/2012. <p>How the corrective action(s) will be monitored to ensure the deficient practice will not recur:</p> <ul style="list-style-type: none"> Any future painting will be directed by the Maintenance Director and/or the Executived Director. All completed painting projects will be assessed by the Maintenance Director or the Executive Director to verify paint did not transfer to sprinkler heads. A monthly audit will be submitted for six months to the CQI committee for evaluation and comments. Semi-annual inspection of the entire sprinkler system will be conducted to verify all sprinkler heads are free of paint. | | | |